

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <b>101605994</b>		Filing Date		
							Applicant(s)				
<b>9-12-05</b>							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
2							52				
3							53				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	2		2				Total Indep				
Total Depend	32		30				Total Depend				
Total Claims	34		32				Total Claims				